

N. B.—in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 507	
County of <u>Bela</u>	District of <u>Miami</u>	ORIGINAL CERTIFICATE OF BIRTH	
Town of _____	City of _____	Co. Register No. <u>223</u>	
(No. _____ St; _____ Ward)		Local Registrar's No. _____	
FULL NAME OF CHILD <u>Infant Florio</u>		Born <input checked="" type="checkbox"/>	NO
If child is not named, make Supplemental Report on blank obtainable from local registrar			
Sex of child <u>Female</u>	Twin, Triple or other <u>2</u>	and	Number in order of birth <u>1</u>
Legitimate <u>Yes</u>	Date of Birth <u>Aug 26</u> 191 <u>5</u>	(Month) (Day) (Yr.)	
Full Name <u>Father</u>	Full Maiden Name <u>Mother</u>		
Residence <u>Miami</u>	Residence <u>Miami</u>		
Color or Race <u>Mex</u>	Age at last Birthday <u>36</u> (Years)	Color or Race <u>Mex</u>	Age at last Birthday <u>31</u> (Years)
Birthplace <u>Mexico</u>	Birthplace <u>Mex</u>		
Occupation <u>Manager</u>	Occupation <u>N.Y.</u>		
Number of child of this mother <u>4</u>	Number of children, of this mother, now living <u>4</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Aug 20</u> 191 <u>5</u> , at <u>5-39</u> M.			
{ *When there is no attending physician or midwife, then the householder should make this return. }			
(Signature) <u>John H. Lacy</u> (Attending physician, midwife, householder.)			
Address <u>Miami</u>			
Given or christian name added from a supplemental report _____ 191 <u>5</u>			
062-820-379		COUNTY REGISTRAR.	
Filed <u>Sept 4</u> 191 <u>5</u>		A True Copy <u>BY Jax</u> LOCAL REGISTRAR.	
		COUNTY REGISTRAR.	